

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2156

1. PLACE OF DEATH

County Macon
Township Roundgrove
City Macon (No. 1)

Registration District No. 533
Primary Registration District No. 5721

File No. 17
Registered No. 17
St. Macon Ward 1

2. FULL NAME

Anna Alberta Bruce

(a) Residence, No. 1 St. Macon Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Bruce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21st 1877</u>		
7. AGE <u>59</u>	YEARS <u>8</u>	MONTHS <u>1</u>
DAYS <u>1</u>		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>
	10. Date deceased last worked at this occupation (month and year) <u>2/16/1937</u>
	11. Total time (years) spent in this occupation <u>2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Macon Co., Mo.

13. NAME
Edwin Dunning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Delaware

15. MAIDEN NAME
Anna Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
West Virginia

17. INFORMANT (ADDRESS)
Mrs. Arnold Brooks
Macon, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Zion DATE 2/24/37

19. UNDERTAKER (ADDRESS)
Stephen & Gooding
Macon, Mo.

20. FILED 2/16 1937 Leo H. Newton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Jan. 22 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1937 to Jan 22 1937

I last saw him alive on Jan 21 1937 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 1/20/37

Other contributory causes of importance:
Heartitis Mellitus 1935

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify None

(Signed) J. J. Turner M. D.

(Address) Macon, Mo.

